

S-K PROGRAM APPLICATION RECEIPT ACKNOWLEDGMENT

TO BE COMPLETED BY APPLICANT

If you wish to receive notice of receipt of this application by the NMFS S-K Program, you **MUST** complete the following information **AND** insert your name and address at the bottom of this page.

1) Legal Applicant Name: _____

Contact Person (i.e., Principal Investigator, Business Office Contact or State Agency Recipient):

2) Identification of Project

(Include Title, Catalog of Federal Domestic Assistance Number and Requested Funding Amount):

3) Application Date: _____

Do not write below this line -- FOR AGENCY USE ONLY

APPLICATION RECEIPT
ACKNOWLEDGMENT

Application received by:

Date Stamp Here

NMFS Proposal No. Assigned:

Phone:

.....
NATIONAL MARINE FISHERIES SERVICE, NOAA

S-K PROGRAM

1315 East-West Highway

Silver Spring, Maryland 20910
